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## UTILITY PATENT APPLICATION **TRANSMITTAL**

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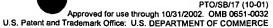
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	o <sub>(Only f</sub>	for new nonprovisional	applications under 37 CFR 1.5.	3(b)) Express Ma	METHR	B.TIEEE	14998361U	JS		MAL	
	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents					Assistant Commissioner for Patents  ADDRESS TO:  Box Patent Application  Washington, DC 20231					
	1. 🛭	Fee Transmitta (Submit an original	Il Form (e.g., PTO/SB/1 and a duplicate for fee processi	7) ing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
The Hill Hand Care Care Hand Care Ha	6.   18. If a  Pi  For COI  Box 5b,	Applicant claim See 37 CFR 1.  Specification (preferred arrain - Descriptive title - Cross Referent - Statement Reg - Reference to so or a computer - Background of - Brief Summany - Brief Description - Detailed Description - Claim(s) - Abstract of the Drawing(s) (35 ath or Declaration a. Newly e b. Copy from (for continuation Declaration De	In semall entity status.  27.  [To angement set forth below to of the Invention coes to Related Applicate grading Fed sponsored sequence listing, a table program listing appending the Invention on of the Invention on of the Drawings (if filing the Invention on of the Invention on of the Invention on of the Invention on of the Invention of Invention (Invention) on of the Invention of Invention (Invention) on of the Invention (Invention) on of	otal Pages 15 ]  y)  ions R & D  iix  led)  peets 1 ]  ages ]  y)  7 C.F.R. § 1.63(d))  Box 18 completed)  OR(S)  ng inventor(s)  pe 37 CFR  1.76  ppropriate box, and some continuation-in-in-in-in-in-in-in-in-in-in-in-in-in	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 C.F.R. § 3.73(b) Statement Power of Attorney (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Proity Document(s) (if foreign priority is claimed)  16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:						
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Signature

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## FEE TRANSMITTAL for FY 2000

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TOTAL AMOUNT OF PAYMENT

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Complete if Known								
Application Number								
Filing Date	12 28 0							
First Named Inventor	Bruce W. Rose							
Examiner Name								
Group/Art Unit								
Attorney Docket No.	42390P12398							

METHOD OF PAYMENT (check one)									FEE	E CALCULAT	ION (continu	ed)	
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SUBMITTED BY											Compl	ete (if applica	ble)
Name (Print/Type) Donna Jo Coningsby							gistratio		4	1,684	Telephone	(503) 684	

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